

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>R99000018714</u>			
1. Corporation Name <u>Deborah's Little Leaders of Tomorrow Childcare</u>			
2. Principal Office Address <u>1434 W. Pine Hills Rd</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1434 W. Pine Hills Rd</u> Suite, Apt. #, etc.	
City & State <u>Orlando Fla</u>		City & State <u>Orlando Fla</u>	
Zip <u>32808</u>	Country <u>Orange</u>	Zip <u>32808</u>	Country <u>Orange</u>

FILED
01 SEP 10 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified To Do Business in Florida <u>9-5-01</u>	Applied For ☐ Not Applicable
5. FEI Number <u>59-3511063</u>	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent <u>900004596653-6</u>	
Name <u>Deborah Sims</u>	Date <u>09/18/01</u>
Street Address (P.O. Box Number is Not Acceptable) <u>2265 Twisted pine Ave FL</u>	
Suite, Apt. #, Etc. <u>Orlando, Fla</u>	
City <u>Orlando</u>	State <u>FL</u> Zip Code <u>32761</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] **Date** LS

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Deborah Sims</u>	<u>2265 Twisted pine Ave FL</u>	<u>Orl Fla 32761</u>
<u>Ass</u>	<u>Chelsey Warren</u>	<u>5490 Eugenia Ct Orlando FL 32811</u>	<u>Orl Fla 32811</u>
<u>Ass</u>	<u>Shamesica Warren</u>	<u>2260 Coral Cove Orl Fla 32808</u>	<u>Orl Fla 32808</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date **Daytime Phone #**

CR2E081 (9/00)